

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

08-04-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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8						
9		1				
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42	1					
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44	1					
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46	1					
47	1					
48	1					
49	1					
50						
TOTAL IND.	3					
TOTAL DEP.	20	←	←	←		
TOTAL CLAIMS	23	██████	██████	██████	██████	██████

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.								
TOTAL DEP.		←	←	←				
TOTAL CLAIMS		██████	██████	██████	██████	██████	██████	